

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF PRODUCT & INDUSTRY STANDARDS**

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**APPLICATION FOR WEIGHTS AND MEASURES SERVICE AGENCY CERTIFICATION
(PLEASE PRINT OR TYPE)**

COMPANY NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ CONTACT PERSON _____

BUSINESS LOCATIONS FOR BRANCHES OPERATING IN VIRGINIA (if different from Business address above) – Attach additional pages if necessary:

ADDRESS (1ST LOCATION): _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ CONTACT NAME: _____

ADDRESS (2ND LOCATION): _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ CONTACT NAME: _____

SCOPE OF WORK	METERS:	SCALES:
	DEVICE TYPE	DEVICE CLASS
___ SALES	___ MOTOR FUEL DISPENSERS	___ SMALL CAPACITY SCALES (1,000 LBS OR LESS)
___ SERVICE	___ VEHICLE TANK METERS	___ LARGE CAPACITY SCALES (OVER 1, 000 LBS)
___ BOTH	___ LP GAS METERS	___ RAILROAD TRACK OR BELT CONVEYOR
	___ BULK METERS	

REQUESTED CLASS DATE: _____

EXEMPTED FROM PAYMENT? ___ YES ___ NO

PAYMENT ENCLOSED? ___ YES ___ NO

MAKE YOUR \$100 CHECK PAYABLE TO THE **TREASURER OF VIRGINIA**

SIGN AND RETURN COMPLETED APPLICATION ALONG WITH PAYMENT TO:

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES,
PO BOX 526,
RICHMOND, VA 23218-0526.**

SIGNATURE: _____ DATE: _____

PRINT NAME: _____